

06-18-01

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1c682 U.S. PTO

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 044463.0031

First Inventor or Application Identifier DeMeno, et al

Title Storage of Application Specific Profiles Correlating to Document Versions

Express Mail Label No. EL 704725741 US

## APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

1. ☒ \*Fee Transmittal Form (e.g., PTO/SB/17)  
(Submit an original and a duplicate for fee processing)
2. ☒ Specification [Total Pages 30]  
(preferred arrangement set forth below)
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
3. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
4. ☒ Oath or Declaration [Total Pages 6]
  - a. ☒ Newly executed (original or copy)
  - b. ☐ Copy from prior application (37 C.F.R. § 1.63(d))  
(for continuation/divisional with Box 16 completed)
    - i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)
6. Nucleotide and/or amino Acid Sequence Submission  
(if applicable, all necessary)
  - a. ☐ Computer Readable Copy
  - b. ☐ Paper Copy (identical to computer copy)
  - c. ☐ Statement verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

7. ☒ Assignment Papers (cover sheet & document(s))
8. ☐ 37 C.F.R. §3.73(b) Statement ☒ Power of Attorney  
(when there is an assignee)
9. ☐ English Translation Document (if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO-1449  
☐ Copies of IDS Citations
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ \*Small Entity Statement(s) (PTO/SB09-12)  
☐ Statement filed in prior application, Status still proper and desired
14. ☐ Certified Copy of Priority Document(s)  
(if foreign priority is claimed)
15. ☐ Other:

\*NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:
- ☐ Continuation ☐ Divisional ☒ Continuation-in-part (CIP) of prior application No.: 09/774,272
- Prior application information: Examiner Unassigned Group/Art Unit: 2152

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

## 17. CORRESPONDENCE ADDRESS

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020790

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

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|         | Akin, Gump, Strauss, Hauer & Feld, L.L.P. |           |              |          |              |
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| Name (Print/type) | Russell C. Scott        | Registration No. (Attorney/Agent) | 43,103        |
| Signature         | <i>Russell C. Scott</i> | Date                              | June 14, 2001 |

|   |           |                             |                  |
|---|-----------|-----------------------------|------------------|
| <b>FEE TRANSMITTAL<br/>for FY 2001</b><br><br><i>Patent fees are subject to annual revision</i> |           | <b>Complete if Known</b>    |                  |
|   |           | <i>Application Number</i>   | Not yet assigned |
|   |           | <i>Filing Date</i>          | Herewith         |
|   |           | <i>First Named Inventor</i> | De Meno, Randy   |
|   |           | <i>Examiner Name</i>        | Not yet assigned |
|   |           | <i>Group / Art Unit</i>     | Not yet assigned |
| <b>Total Amount of Payment</b>  | \$ 750.00 | <b>Attorney Docket No.</b>  | 044463.0031      |

| <b>METHOD OF PAYMENT (check one)</b>  |                       |   |                       |  |           | <b>CALCULATION (continued)</b>  |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
|---|-----------------------|---|-----------------------|--|-----------|---|--|--|--|--|--|---------------|--------------|----------------|--------------|-----------------|----------|-----|--------|-----|-------|------------------------------|----|-----|-------|-----|-------|--|----|-----|---------|-----|---------|---------------------------|----|-----|--------|-----|--------|--|----|-----|---------|-----|---------|---|----|-----|--------|-----|-------|--|----|-----|--------|-----|--------|---|----|-----|--------|-----|--------|--|----|-----|---------|-----|--------|---|----|-----|---------|-----|--------|--|----|-----|--------|-----|--------|------------------|----|-----|--------|-----|--------|--|----|-----|--------|-----|--------|--------------------------|----|-----|--------|-----|-------|----------------------------------|----|-----|---------|-----|--------|------------------------------------|----|-----|---------|-----|--------|--------------------------------|----|-----|--------|-----|--------|------------------|----|-----|--------|-----|--------|-----------------|----|-----|--------|-----|--------|-------------------------------|----|-----|-------|-----|-------|---|----|-----|--------|-----|--------|--|----|-----|-------|-----|-------|--|---------|-----|--------|-----|--------|---|----|-----|--------|-----|--------|---|----|-----|--------|-----|--------|---|----|----------------------|--|--|--|--|----|----------------------|--|--|--|--|----|------------------------------------|--|--|--|--|--|---------------------|--|--|--|--|---------|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account No.: <u>01-0660</u><br>Deposit Account Name:<br><u>Akin, Gump, Strauss, Hauer &amp; Feld, L.L.P.</u><br><input checked="" type="checkbox"/> Charge any additional Fee Required Under 37 CFR §§ 1.16 & 1.17<br><input type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27 |                       |   |                       |  |           | <b>3. Additional Fees</b><br><table border="1"> <thead> <tr> <th>Late Fee Code</th> <th>Large Entity</th> <th>Small Fee Code</th> <th>Small Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>\$ 130</td><td>205</td><td>\$ 65</td><td>Surcharge - late fee or oath</td><td>\$</td></tr> <tr><td>127</td><td>\$ 50</td><td>227</td><td>\$ 25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td>\$</td></tr> <tr><td>147</td><td>\$2,520</td><td>147</td><td>\$2,520</td><td>Request for Reexamination</td><td>\$</td></tr> <tr><td>112</td><td>\$920*</td><td>112</td><td>\$920*</td><td>Requesting publication of SIR prior to Examiner action</td><td>\$</td></tr> <tr><td>113</td><td>\$1840*</td><td>113</td><td>\$1840*</td><td>Requesting publication of SIR after Examiner action</td><td>\$</td></tr> <tr><td>115</td><td>\$ 110</td><td>215</td><td>\$ 55</td><td>Extension for reply within first month</td><td>\$</td></tr> <tr><td>116</td><td>\$ 390</td><td>216</td><td>\$ 195</td><td>Extension for reply within second month</td><td>\$</td></tr> <tr><td>117</td><td>\$ 890</td><td>217</td><td>\$ 445</td><td>Extension for reply within third month</td><td>\$</td></tr> <tr><td>118</td><td>\$1,390</td><td>218</td><td>\$ 695</td><td>Extension for reply within fourth month</td><td>\$</td></tr> <tr><td>128</td><td>\$1,890</td><td>228</td><td>\$ 945</td><td>Extension for reply within fifth month</td><td>\$</td></tr> <tr><td>119</td><td>\$ 310</td><td>219</td><td>\$ 155</td><td>Notice of Appeal</td><td>\$</td></tr> <tr><td>120</td><td>\$ 310</td><td>220</td><td>\$ 155</td><td>Filing a brief in support of an appeal</td><td>\$</td></tr> <tr><td>121</td><td>\$ 270</td><td>221</td><td>\$ 135</td><td>Request for oral hearing</td><td>\$</td></tr> <tr><td>140</td><td>\$ 110</td><td>240</td><td>\$ 55</td><td>Petition to revive - unavoidable</td><td>\$</td></tr> <tr><td>141</td><td>\$1,240</td><td>241</td><td>\$ 620</td><td>Petition to revive - unintentional</td><td>\$</td></tr> <tr><td>142</td><td>\$1,240</td><td>242</td><td>\$ 620</td><td>Utility issue fee (or reissue)</td><td>\$</td></tr> <tr><td>143</td><td>\$ 440</td><td>243</td><td>\$ 220</td><td>Design issue fee</td><td>\$</td></tr> <tr><td>144</td><td>\$ 600</td><td>244</td><td>\$ 300</td><td>Plant issue fee</td><td>\$</td></tr> <tr><td>122</td><td>\$ 130</td><td>122</td><td>\$ 130</td><td>Petitions to the Commissioner</td><td>\$</td></tr> <tr><td>123</td><td>\$ 50</td><td>123</td><td>\$ 50</td><td>Petitions related to provisional applications</td><td>\$</td></tr> <tr><td>126</td><td>\$ 240</td><td>126</td><td>\$ 240</td><td>Submission of Information Disclosure Statement</td><td>\$</td></tr> <tr><td>581</td><td>\$ 40</td><td>581</td><td>\$ 40</td><td>Recording each patent assignment per property (times number of properties)</td><td>\$40 00</td></tr> <tr><td>146</td><td>\$ 710</td><td>246</td><td>\$ 355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td>\$</td></tr> <tr><td>179</td><td>\$ 690</td><td>279</td><td>\$ 345</td><td>Request for Continued Examination (RCE)</td><td>\$</td></tr> <tr><td>169</td><td>\$ 900</td><td>169</td><td>\$ 900</td><td>Request for expedited examination of a design application</td><td>\$</td></tr> <tr><td colspan="5">Other fee (specify):</td><td>\$</td></tr> <tr><td colspan="5">Other fee (specify):</td><td>\$</td></tr> <tr><td colspan="5">* Reduced by Basic Filing Fee Paid</td><td></td></tr> <tr><td colspan="5"><b>Subtotal (3)</b></td><td>\$40 00</td></tr> </tbody> </table> |  |  |  |  |  | Late Fee Code | Large Entity | Small Fee Code | Small Entity | Fee Description | Fee Paid | 105 | \$ 130 | 205 | \$ 65 | Surcharge - late fee or oath | \$ | 127 | \$ 50 | 227 | \$ 25 | Surcharge - late provisional filing fee or cover sheet | \$ | 147 | \$2,520 | 147 | \$2,520 | Request for Reexamination | \$ | 112 | \$920* | 112 | \$920* | Requesting publication of SIR prior to Examiner action | \$ | 113 | \$1840* | 113 | \$1840* | Requesting publication of SIR after Examiner action | \$ | 115 | \$ 110 | 215 | \$ 55 | Extension for reply within first month | \$ | 116 | \$ 390 | 216 | \$ 195 | Extension for reply within second month | \$ | 117 | \$ 890 | 217 | \$ 445 | Extension for reply within third month | \$ | 118 | \$1,390 | 218 | \$ 695 | Extension for reply within fourth month | \$ | 128 | \$1,890 | 228 | \$ 945 | Extension for reply within fifth month | \$ | 119 | \$ 310 | 219 | \$ 155 | Notice of Appeal | \$ | 120 | \$ 310 | 220 | \$ 155 | Filing a brief in support of an appeal | \$ | 121 | \$ 270 | 221 | \$ 135 | Request for oral hearing | \$ | 140 | \$ 110 | 240 | \$ 55 | Petition to revive - unavoidable | \$ | 141 | \$1,240 | 241 | \$ 620 | Petition to revive - unintentional | \$ | 142 | \$1,240 | 242 | \$ 620 | Utility issue fee (or reissue) | \$ | 143 | \$ 440 | 243 | \$ 220 | Design issue fee | \$ | 144 | \$ 600 | 244 | \$ 300 | Plant issue fee | \$ | 122 | \$ 130 | 122 | \$ 130 | Petitions to the Commissioner | \$ | 123 | \$ 50 | 123 | \$ 50 | Petitions related to provisional applications | \$ | 126 | \$ 240 | 126 | \$ 240 | Submission of Information Disclosure Statement | \$ | 581 | \$ 40 | 581 | \$ 40 | Recording each patent assignment per property (times number of properties) | \$40 00 | 146 | \$ 710 | 246 | \$ 355 | Filing a submission after final rejection (37 CFR 1.129(a)) | \$ | 179 | \$ 690 | 279 | \$ 345 | Request for Continued Examination (RCE) | \$ | 169 | \$ 900 | 169 | \$ 900 | Request for expedited examination of a design application | \$ | Other fee (specify): |  |  |  |  | \$ | Other fee (specify): |  |  |  |  | \$ | * Reduced by Basic Filing Fee Paid |  |  |  |  |  | <b>Subtotal (3)</b> |  |  |  |  | \$40 00 |
| Late Fee Code   | Large Entity          | Small Fee Code  | Small Entity          | Fee Description  | Fee Paid  |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 105   | \$ 130                | 205   | \$ 65                 | Surcharge - late fee or oath   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 127   | \$ 50                 | 227   | \$ 25                 | Surcharge - late provisional filing fee or cover sheet                     | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 147   | \$2,520               | 147   | \$2,520               | Request for Reexamination  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 112   | \$920*                | 112   | \$920*                | Requesting publication of SIR prior to Examiner action                     | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 113   | \$1840*               | 113   | \$1840*               | Requesting publication of SIR after Examiner action                        | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 115   | \$ 110                | 215   | \$ 55                 | Extension for reply within first month                                     | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 116   | \$ 390                | 216   | \$ 195                | Extension for reply within second month                                    | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 117   | \$ 890                | 217   | \$ 445                | Extension for reply within third month                                     | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 118   | \$1,390               | 218   | \$ 695                | Extension for reply within fourth month                                    | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 128   | \$1,890               | 228   | \$ 945                | Extension for reply within fifth month                                     | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 119   | \$ 310                | 219   | \$ 155                | Notice of Appeal   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 120   | \$ 310                | 220   | \$ 155                | Filing a brief in support of an appeal                                     | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 121   | \$ 270                | 221   | \$ 135                | Request for oral hearing   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 140   | \$ 110                | 240   | \$ 55                 | Petition to revive - unavoidable   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 141   | \$1,240               | 241   | \$ 620                | Petition to revive - unintentional   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 142   | \$1,240               | 242   | \$ 620                | Utility issue fee (or reissue)   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 143   | \$ 440                | 243   | \$ 220                | Design issue fee   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 144   | \$ 600                | 244   | \$ 300                | Plant issue fee  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 122   | \$ 130                | 122   | \$ 130                | Petitions to the Commissioner  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 123   | \$ 50                 | 123   | \$ 50                 | Petitions related to provisional applications                              | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 126   | \$ 240                | 126   | \$ 240                | Submission of Information Disclosure Statement                             | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 581   | \$ 40                 | 581   | \$ 40                 | Recording each patent assignment per property (times number of properties) | \$40 00   |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 146   | \$ 710                | 246   | \$ 355                | Filing a submission after final rejection (37 CFR 1.129(a))                | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 179   | \$ 690                | 279   | \$ 345                | Request for Continued Examination (RCE)                                    | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 169   | \$ 900                | 169   | \$ 900                | Request for expedited examination of a design application                  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Other fee (specify):  |                       |   |                       |  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Other fee (specify):  |                       |   |                       |  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| * Reduced by Basic Filing Fee Paid  |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| <b>Subtotal (3)</b>   |                       |   |                       |  | \$40 00   |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 2. <input checked="" type="checkbox"/> Payment Enclosed:<br><br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order<br><input type="checkbox"/> Credit Card <input type="checkbox"/> Other   |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| <b>FEE CALCULATION</b>  |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| <b>1. Basic Filing Fee</b>  |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code  | Small Entity Fee (\$) | Fee Description  | Fee Paid  |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 101   | \$710                 | 201   | \$355                 | Utility Filing Fee   | \$ 710 00 |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 106   | \$130                 | 206   | \$ 65                 | Design Filing Fee  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 107   | \$490                 | 207   | \$245                 | Plant Filing Fee   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 108   | \$710                 | 208   | \$355                 | Reissue Filing Fee   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| 114   | \$150                 | 214   | \$ 75                 | Provisional Filing Fee   | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| <b>Subtotal (1)</b>   |                       |   |                       |  | \$710.00  |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| <b>2. Extra Claim Fees</b>  |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Claims  |                       | Extra   | Fee (below)           | Fee Paid   |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Total   | 14 -20** =            | 0   | x \$ 18               | =  | \$ 0      |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Indep.  | 3 -3** =              | 0   | x \$                  | =  | \$ 0      |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Multiple Dependent  |                       |   |                       |  | \$        |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| **or number previously paid, if greater.  |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| For Reissues, see below   |                       |   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| Large Entity Fee (\$)   | Small Entity Fee (\$) | Fee Description   |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| \$ 18   | \$ 9                  | Claims in excess of 20                                    |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| \$ 80   | \$ 40                 | Independent claims in excess of 3                         |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| \$ 270  | \$ 135                | Multiple dependent claim, if not paid                     |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| \$ 80   | \$ 40                 | **Reissue independent claims over original patent         |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| \$ 18   | \$ 9                  | **Reissue claims in excess of 20 and over original patent |                       |  |           |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |
| <b>Subtotal (2)</b>   |                       |   |                       |  | \$0.00    |   |  |  |  |  |  |               |              |                |              |                 |          |     |        |     |       |                              |    |     |       |     |       |  |    |     |         |     |         |                           |    |     |        |     |        |  |    |     |         |     |         |   |    |     |        |     |       |  |    |     |        |     |        |   |    |     |        |     |        |  |    |     |         |     |        |   |    |     |         |     |        |  |    |     |        |     |        |                  |    |     |        |     |        |  |    |     |        |     |        |                          |    |     |        |     |       |                                  |    |     |         |     |        |                                    |    |     |         |     |        |                                |    |     |        |     |        |                  |    |     |        |     |        |                 |    |     |        |     |        |                               |    |     |       |     |       |   |    |     |        |     |        |  |    |     |       |     |       |  |         |     |        |     |        |   |    |     |        |     |        |   |    |     |        |     |        |   |    |                      |  |  |  |  |    |                      |  |  |  |  |    |                                    |  |  |  |  |  |                     |  |  |  |  |         |

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